

# COMMUNITY HEALTH WORKER PAY EQUITY

The National Association of Community Health Workers (NACHW) implemented a Community Health Worker (CHW) survey in 2021 to advance the national professional identity, policy leadership and organizational capacity of CHWs in the United States. This infographic highlights

responses to our national survey from 867 CHWs (772 English and 95 Spanish respondents) from 859 unique zip codes.

This infographic explores CHWs employment status, compensation when working overtime, and perceptions on whether their pay is equitable and provides a living wage.

Addressing pay equities for CHWs promotes our personal and family economic well being, our retention in the workforce, and is a concrete acknowledgement that we are respected as professionals within the communities where we live and the organizations where we serve.

## ROLE AS CHW IN THE LAST YEAR

The National CHW Survey asked CHWs about their employment status in their role as CHWs in the last year. Of the 867 respondents, 83% of CHWs were employed full-time, while 17% of CHWs were employed part-time, employed per diem, were compensated via gift cards/honorariums, or volunteered.

- 83% were employed fulltime
- 9% were employed part-time
- 5% volunteered
- 2% worked per diem
- 1% were compensated via gift cards or honorariums



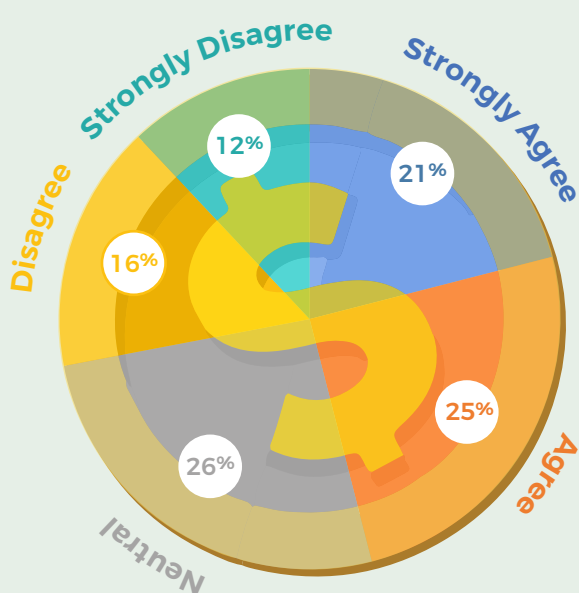
- White
- African American/Black
- Latin American
- Native American/American Indian
- Asian/South Asian
- Pacific Islander
- Middle Eastern/North African
- Multi-racial/Other



**IMPORTANTLY,** when employment status insights were disaggregated by race/ethnicity, most notably, 54% of Pacific Islanders were employed full-time as compared to 93% of American Indian/Native American, 89% of white, and 84% of Black/African American CHWs.

## "I BELIEVE COMPENSATION PROVIDED IS EQUITABLE AND OFFERS A LIVABLE WAGE"

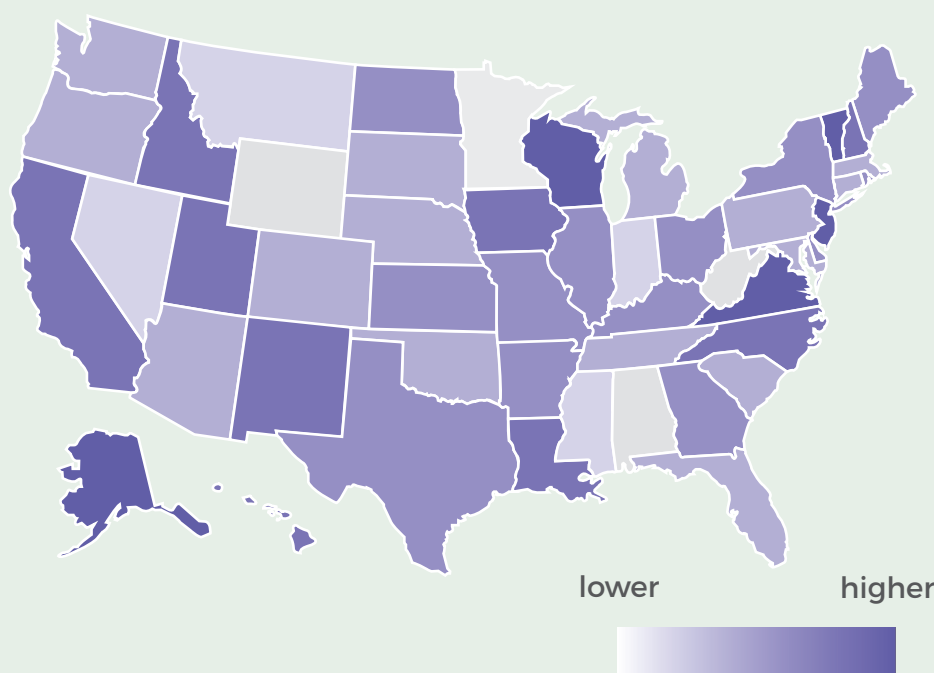
We asked CHWs to respond to this question, 46% said yes; 28% say no and 26% are neutral on this question.



When we mapped livable wage across the nation, CHW responses within their state of origin shows that in AL, WV, WY and MN - CHWs do not feel their compensation is equitable, while in VT, VA, WI and AK CHWs are rating high equity in their pay.

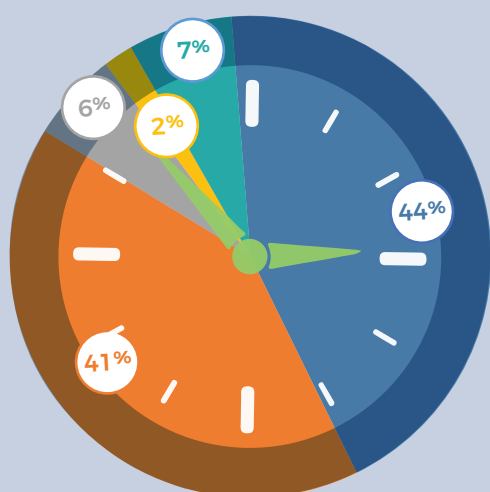
## Compensation by State

Note: 234 of the 867 or 28% of responses were from a single employer in North Carolina.



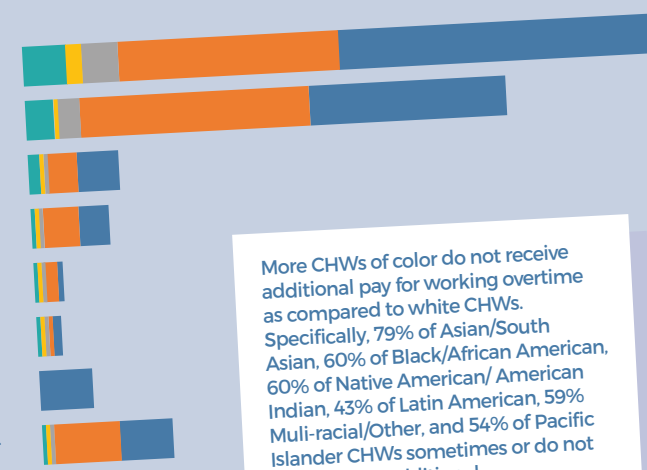
## COMPENSATION FOR WORKING OVER HOURS

- 44% received additional pay
- 41% did not receive additional pay
- 6% sometimes receive additional pay
- 2% receive gift cards/honorariums
- 7% receive no compensation for any work



note: 23% of Latin American CHWs did not respond to this survey question

- White
- African American/Black
- Latin American
- Native American/American Indian
- Asian/South Asian
- Pacific Islander
- Middle Eastern/North African
- Multi-racial/Other



More CHWs of color do not receive additional pay for working overtime as compared to white CHWs. Specifically, 79% of Asian/South Asian, 60% of Black/African American, 60% of Native American/American Indian, 43% of Latin American, 59% Multi-racial/Other, and 54% of Pacific Islander CHWs sometimes or do not at all receive additional compensation for overtime as compared to 46% of white CHWs.

## OPPORTUNITIES FOR ACTION

- CHWs' compensation should reflect CHWs' lived experience, depth of community knowledge and trust over academic achievement or certification status.
- CHWs' should co-develop employment policies to reflect the work they do
- CHWs' should be compensated for overtime work to address the needs of individuals, families and communities.
- CHW employers should work with CHWs to establish flexible scheduling to address the needs of their clients.
- CHW employers can create an overtime bank where CHWs can share time with others who need it.
- State level or regional workforce development studies, focusing on pay equity should be disaggregated by r/e and by sector
- Payers and funders should build in CHW employment protections into their funding models and grant opportunities
- Payers and funders should require those they fund to pay CHWs a living wage based on their geographic location



## ABOUT THIS PROJECT

The NACHW Advance CHWs project began in 2021 and is funded by Johnson and Johnson to advance the national professional identity, policy leadership and organizational capacity of Community Health Workers. CHWs is used as an umbrella term to describe community health representatives, promotores, aunties, outreach workers, peers and dozens of different work titles. CHWs are a diverse, capable, proven, frontline public health workforce, whose trust and cultural alignment with marginalized communities facilitates their roles as community educators, capacity builders, advocates and liaisons between under-resourced communities and health and social services systems (APHA, 2014).

CHWs' integration within medical, public health and social service initiatives are essential to eradicate racial and social injustice and health inequities disproportionately experienced by people of color. This data should be used for action to reverse harmful practices and barriers to CHW self-determination, leadership advancement and sustainability.

The survey, analysis and narratives were developed by NACHW staff and CHW leaders from across the country who are part of the Advance CHWs Project. Special thanks to our advisors and contributors to project phases. To learn more about the CHWs in this project and download all infographics and the full report please visit <https://nachw.org/advancechwsproject/>